

COPY TO O.C.C.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 65' FNL & 1295' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) shut off water flow ☒

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

LC-029410(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA Unit

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

288

10. FIELD OR WILDCAT NAME

Maljamar (G-SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29, T-17S, R-32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Check for water flow. Set 50' below leak. If no leak is found, then set BP at 2000'. Perforate at 1950'. Set pkr at 1900'. Set cmt. retainer 50' above leak. Pump 20 bbls. fresh water, 1000 gals. flo-check and 200 sx Class C cmt. Drill out cmt. retainer & BP. Drill out old retainer at 3650'. Acidize w/ 6000 gals acid. Set pkr at 3760'. Acidize w/ 3000 gals. acid. Flush w/ 5 bbls TFW. Set RBP at 3730', pkr at 3650'. Acidize w/ 3000 gals acid. Swab. Run production equipment. Test. Place shut-in well back on production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED W. D. Dake TITLE Administrative Supervisor DATE February 4, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE

APPROVED

FEB 9 1981

DISTRICT SUPERVISOR

USGS 5
File